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June 11, 2003

FAX RECEIVED**TO: Examiner Hayes (TC1600)**

JUN 12 2003

GROUP 1600**GROUP: 1647****FAX NUMBER: 703-872-9306****ATTORNEY DOCKET NO.: T4903.CIP (UT-0003)****SERIAL NO.: 09/073,881****FILED: May 6, 1998****NUMBER OF PAGES:**

MESSAGE: Attached please find Amendment Transmittal Letter, Reply under 37 C.F.R. §1.111 and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Ra et al.

Docket No.

T4903.CIP

Serial No.
09/073,881Filing Date
May 6, 1998Examiner
Hayes, Robert ClintonGroup Art Unit
1647

Invention: Common Neural Precursor Progenitor for the CNS and PNS

I hereby certify that this

Reply under 37 CFR 1.111

(Identify type of correspondence)

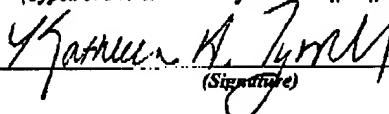
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AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Rao et al.				Docket No. T4903.CIP(UT-0003)	
Serial No.	Filing Date	Examiner Hayes, Robert Clinton		Group Art Unit 1647	
Invention: Common Neural Precursor Progenitor for the CNS and PNS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: June 11, 2003		
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
CC:			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		